

This represents Congress responding to real needs of the people. The broad support within the House of Representatives shows that we put the people we serve first and we are using the best of our collective experience to implement the most responsible policies. Again, I thank the members of the Committee and fellow Arizona member BOB STUMP for his diligent efforts and leadership in serving our veterans.

Mr. BUYER. Mr. Speaker, I rise in strong support of the Veterans' Millennium Health Care Act. This bill will directly address the veterans' concerns regarding the availability of long-term care, improving access to VA health care, and provide many military retirees access to a VA Health Care system that, in the past, has been closed to them.

In addition, this bill finally addresses the issue of allowing VA to reimburse service-connected veterans and low income veterans for emergency care that they may have received at a non-VA facility. Equally important, the Veterans' Millennium Health Care Act provides VA the authority to generate much needed revenues by establishing copayments on hearing aids and other extremely high cost items for nonservice-connected conditions, and allow VA to earmark these revenues specifically for medical care.

Lastly, this bill provides veterans and their families a voice in the future of their health care system by requiring the VA to consult with the veterans community about the realignment of any VA facilities. Mr. Speaker, this bill is good for VA, and more importantly good for veterans.

Mr. EVANS. Mr. Speaker, I rise in support of H.R. 2116, as amended, the Veterans' Millennium Health Care Act. Before I comment on some of the specific provisions of this bill, I want to thank Chairman STUMP, Chairman STEARNS, and the Ranking Democratic Member of the Health Subcommittee, Mr. GUTIERREZ, for working with me to incorporate certain provisions I have long-supported in this important bill.

This is an ambitious bill, but it is a bill that works in a realistic context. It takes cognizance of some disturbing trends we have seen in funding for veterans' health care, notwithstanding the Committee's support of significant funding increases. It is a bill that will better assure Congress that VA is continuing to meet veterans' vital needs for long-term care services. It is a bill that gives Congress better assurance that VA will plan effectively for ways to continue to treat veterans regardless of the health care setting. Finally, it is a bill that will allow veterans who regularly use the VA system to receive reimbursement for emergency care services.

The bill also contains a "report and wait" requirement which responds to a concern I raised that VA is dismantling its inpatient programs without adequate planning to fulfill veterans' needs for these programs in outpatient or community settings. The provision follows other efforts Congress has put in place to ensure that important services and programs remain available to veterans as it restructures under what may be an austere budget.

Since decentralizing its management, VA has closed acute inpatient beds at a pace that I believe has taken many by surprise. The hardest hit have been the beds for psychiatric, rehabilitation, and other services of a "longer term" nature. Unfortunately there are some indications that, instead of planning effectively to

continue to meet the needs of these vulnerable patients on an outpatient basis, their care is slipping through the cracks.

Long-term care remains an area of concern as VA continues to tighten its belt. Last month, I presented findings from a report done at my request to assess recent changes in VA's long-term care delivery efforts to veterans. My staff surveyed VA's Chiefs of Staff to see how VA was responding to veterans' growing need for long-term care. Survey findings indicated that there were substantial erosions in the long-term care program—VA may be treating more veterans, but it is discharging them after much shorter stays that may not satisfy their need for ongoing care. The Report concluded with several recommendations to improve VA Long-Term Care that the Millennium Plan addresses. The findings and recommendations of this report were instrumental in shaping this legislative plan for addressing long-term care in VA.

The Millennium Plan establishes a good baseline for meeting veterans' needs for long-term care. We believed it was best to guarantee that veterans with the highest priority for care—those with health care conditions due to military service—receive all of the long-term care they need.

The bill also requires VA to maintain its long-term care program and enhance the services it provides in the home and community. VA is under enormous financial pressure and long-term care is expensive. The survey identified some disturbing changes in VA's long-term care program that obviously stemmed from financial pressure. It is time to give VA clear direction about whom we expect VA to treat and what services we will require it to offer.

I have had a long-standing interest in emergency care reimbursement. I introduced two bills in the last Congress and this year I introduced H.R. 135, the "Veterans Emergency Health Care Act". H.R. 135 allows VA to reimburse enrolled veterans for expenditures made during medical emergencies. Veterans who rely on VA for their health care have been financially devastated by an emergency health care episode. Veterans who try to reach VA during a health care crisis have been told by VA staff to go to the closest health care facility for treatment, but once the bills came, the VA refused to reimburse them. It seems unconscionable that VA would abandon these veterans during their greatest health care crises, but I know it happens.

I also know VA wants to fix this problem. Asked to identify legislation it needs to comply with the President's "Patient Bill of Rights", VA indicated it would need authorization to reimburse emergency health care for the veterans it enrolled. The President ordered federal agencies to comply with the bill, yet a proposal contained in the President's budget only partially addressed VA's request for this authority. The Millennium Bill goes farther by allowing VA to reimburse any high-priority enrolled veteran for emergency care services.

I have also advocated allowing more veterans to choose chiropractic care in VA. Last year I introduced a bill to establish a chiropractic service in VA which was supported by the American Chiropractic Association and the International Chiropractors Association. The Millennium Bill will require that VA work with chiropractors on a policy that will allow veterans' better access to their service within VA.

Veterans deserve the opportunity to choose chiropractic care.

The Millennium Bill contains provisions that will authorize VA to increase copayments for drugs, neurosensory devices and certain other prosthetics, and extended care. I believe the Committee must offer leadership in addressing some of these difficult issues head on. I want to make sure that VA can maintain services for veterans that rely on it for their health care—the best way we can do this is by requiring some veterans to contribute more to their health care. VA's costs for pharmaceuticals have doubled over the last ten years; allowing more veterans to acquire hearing aids and eyeglasses from VA has also put a tremendous strain on VA's ability to acquire prosthetics. We need to ask some veterans to chip in for these benefits which are not provided by most health care insurers—it's still a significant benefit for veterans.

The bill addresses facility realignment which has been an understandable concern for some. Mr. Speaker, it is important to realize that VA currently has the authority to realign its medical resources, including closing hospitals. Since the VA has allowed so much of its decision making to take place in its 22 networks, Congress' ability to ensure that VA is going through a fair process in determining the need for facility closures has diminished considerably. In this bill, we provide VA with a framework that better ensures that the views of veterans, employees and other interested parties are taken into account and that VA finds the least disruptive means of continuing to care for the veterans it serves. While I do not view this legislation as supportive of such closures, I do not believe it will lead to a more constructive process for planning for major restructuring.

It is abundantly clear that VA is not operating in a world of unlimited resources. I believe this bill has many positive gains for veterans while not imposing unreasonable new costs onto an already fiscally strapped system. I endorse this ambitious bipartisan legislation.

Mr. UDALL of New Mexico. Mr. Speaker, I rise today to voice my support for the Veterans' Millennium Health Care Act, a bill which I have cosponsored.

As we enter the dawn of a new millennium, we are faced with a nation of aging veterans. These men and women, who protected our national security, now need us to ensure their long-term health care security.

This bill quite literally changes the face of the current VA hospital system. Under this Act, veterans' health care will shift from one where veterans must go to a designated center to one that will become more accessible to veterans through outpatient clinics, long-term care and community care centers. This is the prescription for medical care that northern New Mexico veterans have been waiting for.

With only one major VA center in New Mexico, hundreds of miles from where my constituents live, veterans are dependent on the limited care provided by rural health care centers. This bill will ensure these rural health care clinics have the resources available to give our veterans the full medical treatment they require.

This is a commonsense bill that provides veterans in rural communities the same type of treatment that veterans in other communities already receive and I urge my colleagues to pass it immediately.